

EXHIBIT E

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MARABLE

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Charles D. Marable, M.D.

Diplomate of the American Board of Neurology and Psychiatry

January 16, 2006

Carlile Law Firm
Bruce Craig, Attorney At Law
400 S. Alamo
Marshall, Texas 75670

RE: MICKEY CASTILLO

Dear Mr. Craig:

This is a medical neurological narrative on Mickey Castillo, who is a 20-year-old ambidextrous white male, who was involved in a motor vehicle accident on 5/9/03. He was the driver, who was properly seatbelted in his Ford car. An 18-wheeler came by his car, basically causing a wind draft, pulling his car out of control. As a result, the car flipped. All four occupants stated the seatbelts failed them, in fact, the seatbelt on this gentleman ripped out of its track. He was not thrown out of the car, but his head struck the window.

He was taken to the emergency room at Nacogdoches where he was seen.

As a result of this injury, he has complained of depression and has cried over this situation. He has had severe nightmares with post-traumatic stress disorder syndrome. He has complained of some problems with his right ankle hurting, as well as sometimes the left ankle. He has also had severe insomnia.

He complains of neck pain and low back pain, with pain radiating down his right arm, and numbness in his right arm. Coughing and sneezing makes his neck hurt. Walking, sitting and standing aggravates it. He does not feel an electrical shock in his spine. He has muscle spasms. He has no progressive weakness or trouble walking. He said his neck pops and hurts real bad.

He has had no prior injuries to his spine.

He has headaches about 4X a week, lasting about 2 hours. They are throbbing with nausea and vomiting. He has vertigo with them, but no hearing loss or loss of vision. He

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has numbness on one side. He does not have bleeding from his nose. He has nausea and sensitivity to light. Alcohol or foods do not aggravate it.

Seizures are not noted. He does not have staring spells. He does have some short-term memory loss. He has personality changes and is more irritable, paranoid, suspicious, fearful and anxious.

ALLERGIES: No known allergies.

MEDICAL HISTORY: Unremarkable.

SURGICAL HISTORY: Unremarkable.

SOCIAL HISTORY: He smokes. He does not drink or use drugs.

FAMILY HISTORY: Positive for Parkinson's disease, stroke, and heart disease.

REVIEW OF SYSTEMS: GI: History of nausea. GU: Denies frequency, hematuria. Cardiovascular: History of ankle edema. Orthopedic: History of fractured bones. Neurologic: Denies any loss of consciousness, seizures. Endocrine: Denies polyuria, polyphagia, polydipsia.

PHYSICAL EXAMINATION: Head is normocephalic. Pupils are PERL. Heart shows regular rate and rhythm without murmur.

Neck range of motion:

Flexion	Intact
Extension	-10°
R/L Lateral Flexion	-10°

Left shoulder has some AC joint tenderness and impingement, otherwise has full range of motion.

Right ankle had almost full range of motion.

NEUROLOGIC EXAMINATION: Mental Status: Patient is alert and oriented X3. There is no evidence of aphasia, apraxia or dysarthria. Gait is intact to heel, toe and tandem gait. Cranial nerves II-XII are intact. Coordination is intact with no evidence of dysmetria or dysdiadochokinesis. Motor exam is 5/5 without any drift, atrophy or

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fasciculations. Sensory exam is intact to light touch, pinprick and vibratory sense. Reflexes are 2+ with no pathological reflexes noted.

IMPRESSION:

1. Cervical disc.
2. Post concussive head injury.
3. Post-traumatic stress disorder.
4. Contusion to right ankle.

RECOMMENDATIONS:

1. I have given him Midrin capsules, 1 every 2 hours prn headache.
2. I have given him Ambien 10 mg at bedtime to help him sleep.
3. I have suggested he see an orthopedic surgeon for his right ankle.
4. He may need a MRI of the C-spine.
5. He also needs to be evaluated to rule out the possibility of partial complex seizures due to the fact he was struck in the head.
6. I plan to see him back in a follow-up.

Should you have any questions, please feel free to write or call.

Sincerely yours,



Charles D. Marable, M.D.
Board Certified in Neurology

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Charles D. Marable, M.D.

Diplomate of the American Board of Neurology and Psychiatry

January 16, 2006

Carlile Law Firm
Bruce Craig, Attorney At Law
400 S. Alamo
Marshall, Texas 75670

RE: JAMES BRITTON

James Britton is a 19-year-old right-handed white male who was involved in a motor vehicle accident on 5/9/03. He was in the right front seat as a passenger when an 18-wheeler came by and basically created a wind tunnel and the car swerved and rolled. The seatbelts basically released and failed. He was thrown about 200' into the woods and woke up in the woods, with loss of consciousness sustained of about 10 minutes.

He was taken to Nacogdoches Memorial Hospital where a CT of the head was done, which was unremarkable. He was diagnosed as having a concussive head injury, hyperextension injury to the left knee. He was in the hospital for several days.

He still has problems with his left knee. In fact, he has seen an orthopedic surgeon for his knee. He has used crutches and had to have his leg in a brace for about a month. His knee still aches and he still limps.

He said he did not have any vertigo or hearing loss. He had no weakness. He did have a black eye. He occasionally has headaches. He has not had any loss of consciousness since the accident. He does not have any staring spells. He does have some short-term memory loss. He has felt quite anxious and depressed about the injury.

ALLERGIES: No known allergies.

MEDICAL HISTORY: Positive for migraines, back and neck problems, asthma.

SURGICAL HISTORY: None.

SOCIAL HISTORY: He does not use alcohol or drugs. He smokes 1 pack of cigarettes a day.

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FAMILY HISTORY: Positive for cancer, diabetes, heart disease, seizures, pulmonary disease, migraines, hypercholesterolemia, stroke and arthritis.

REVIEW OF SYSTEMS: **GI:** History of nausea and vomiting. **GU:** Denies frequency, hematuria. **Cardiovascular:** History of shortness of breath and chest pain. **Orthopedic:** Denies any fractured bones. **Neurologic:** Denies any loss of consciousness since the accident. **Endocrine:** Denies polyuria, polyphagia, polydipsia.

PHYSICAL EXAMINATION: Head is normocephalic. Pupils are PERL. Heart shows regular rate and rhythm without murmur. Lungs are clear to auscultation.

Left knee range of motion:

Extension -10°

Flexion -10°

NEUROLOGIC EXAMINATION: Mental Status: Patient is alert and oriented X3. There is no evidence of aphasia, apraxia or dysarthria. Gait is intact to heel, toe and tandem gait. Cranial nerves II-XII are intact. Coordination is intact with no evidence of dysmetria or dysdiadochokinesis. Motor exam is 5/5 without any drift, atrophy or fasciculations. Sensory exam is intact to light touch, pinprick and vibratory sense. Reflexes are 2+ with no pathological reflexes noted.

IMPRESSION:

1. Post concussive head injury.
2. Left knee contusion.

RECOMMENDATIONS:

1. I have given him Midrin capsules, 1 every 2 hours prn headache.
2. He is also a candidate for possibility of partial complex seizures since he was struck in the head, and needs to be followed for this.
3. He is being followed by orthopedic surgery for his left knee.
4. Prognosis is guarded. I plan to see him back in a follow-up.

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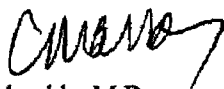
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Should you have any questions, please feel free to write or call.

Sincerely yours,

A handwritten signature in black ink, appearing to read "C. Marable", is written above the printed name.

Charles D. Marable, M.D.
Board Certified in Neurology

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Charles D. Marable, M.D.

Diplomate of the American Board of Neurology and Psychiatry

January 16, 2006

Carlile Law Firm
Bruce Craig, Attorney At Law
400 S. Alamo
Marshall, Texas 75670

RE: CHRISTOPHER CASTILLO

This is an 18-year-old right-handed white male who was a passenger in the back seat of a car when the car had a loss of control and rolled about 3X, throwing him from the car. He got tangled up by the seatbelt because the seatbelt basically failed him. He was taken to Nacogdoches Emergency Room and was found to have a fractured nose and was seen by Dr. Erwin, ENT. He was placed in the hospital, and discharged on 5/12/03. He had a negative CT of the head and negative shoulder x-rays. It was felt he had a concussion. He also said he had some road rage.

Since he had the accident he can't breathe right. He constantly has a vertex headache. Aleve has been of no benefit. He initially had a black eye with epistaxis. He said he was comatose for almost 24 hours. He has had some anterograde amnesia for 4 days. He has occasional neck pain. Exertion and sex makes his headache worse. He has had no further blackouts. He has some olfactory or gustatory hallucinations and some staring spells. He has had no generalized seizures. He has had some short-term memory loss. He has some personality changes. He is more irritable and fearful.

ALLERGIES: No known allergies.

MEDICATIONS: Singulair.

MEDICAL HISTORY: History of asthma.

SURGICAL HISTORY: None.

SOCIAL HISTORY: He does not smoke, drink or use drugs.

FAMILY HISTORY: Positive for Parkinson's disease, stroke and heart disease.

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REVIEW OF SYSTEMS: **GI:** Denies nausea, vomiting, diarrhea or constipation. **GU:** Denies frequency, hematuria. **Cardiovascular:** Positive for shortness of breath. **Orthopedic:** Positive for fractured nasal passage. **Neurologic:** Denies any loss of consciousness since the accident. **Endocrine:** Denies polyuria, polyphagia, polydipsia.

PHYSICAL EXAMINATION: Head is normocephalic. Pupils are PERL. Heart shows regular rate and rhythm without murmur. Neck and shoulders have full range of motion.

NEUROLOGIC EXAMINATION: Mental Status: Patient is alert and oriented X3. There is no evidence of aphasia, apraxia or dysarthria. Gait is intact to heel, toe and tandem gait. Cranial nerves II-XII are intact except for decreased hearing on the left. Coordination is intact with no evidence of dysmetria or dysdiadochokinesis. Motor exam is 5/5 without any drift, atrophy or fasciculations. Sensory exam is intact to light touch, pinprick and vibratory sense. Reflexes are 2+ with no pathological reflexes noted.

IMPRESSION:

1. Possible cervical disc.
2. Post concussive head injury.
3. Vascular headaches.
4. Rule out partial complex seizures.
5. Fractured nose with respiratory problems and epistaxis occasionally.

RECOMMENDATIONS:

1. He needs to be followed by ENT for his nasal fracture, problems with breathing and occasional epistaxis.
2. I gave him Midrin capsules, 1 every 2 hours prn headache.
3. He needs an EEG to rule out possibility of seizures.
4. I would like to see him back in a follow-up for the above problems.

It is felt the injuries he sustained are secondary to the automobile accident on 5/9/03 and failure of the seatbelts.

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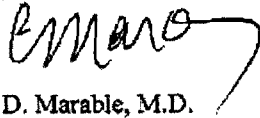
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Should you have any questions, please feel free to write or call.

Sincerely yours,

A handwritten signature in black ink, appearing to read "C. Marable", with a long horizontal stroke extending to the right.

Charles D. Marable, M.D.
Board Certified in Neurology

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Charles D. Marable, M.D.

Diplomate of the American Board of Neurology and Psychiatry

January 16, 2006

Carlile Law Firm
Bruce Craig, Attorney At Law
400 S. Alamo
Marshall, Texas 75670

RE: JUAN BARRON

Juan Barron is a 17-year-old right-handed Latin-American male who was involved in a motor vehicle accident on 5/9/03 as a passenger behind the driver. The car lost control and they were thrown out of the car. His seatbelt failed him. He sustained a loss of consciousness and was taken to ICU and was in the hospital for several days.

He complains of neck pain radiating down his arm. He complains of headaches in the cervical region. The headaches last about 2 hours, occur 3-4X a week, are throbbing in nature with vertigo, but no hearing loss. He has no numbness or weakness on one side. He did not have any bruising or bleeding from his ears or nose from the accident. He has nausea with the headaches. He said foods do not aggravate the headache. He had a negative CT of the head. He has been taking Tylenol for the headaches.

He has had no further seizures. He has had some staring spells. He has had no olfactory or gustatory hallucinations. He has short-term memory loss and personality changes. He has post-traumatic stress disorder. He has decreased activities and appears to not be focused.

ALLERGIES: No known allergies.

MEDICAL HISTORY: Unremarkable.

SURGICAL HISTORY: Myringotomy.

SOCIAL HISTORY: He smokes. He does not drink or use drugs.

FAMILY HISTORY: Positive for Parkinson's disease, heart disease and stroke.

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REVIEW OF SYSTEMS: GI: Denies nausea, vomiting, diarrhea or constipation. GU: Denies frequency, hematuria. Cardiovascular: Denies tachycardia, ankle edema or chest pain. Orthopedic: History of fractured bones. Neurologic: Denies any loss of consciousness since the accident. Endocrine: Denies polyuria, polyphagia, polydipsia.

PHYSICAL EXAMINATION: Head is normocephalic. Pupils are PERL. Heart shows regular rate and rhythm without murmur. He has full range of motion of his neck. His shoulders have full range of motion.

NEUROLOGIC EXAMINATION: Mental Status: Patient is alert and oriented X3. There is no evidence of aphasia, apraxia or dysarthria. Gait is intact to heel, toe and tandem gait. Cranial nerves II-XII are intact. Coordination is intact with no evidence of dysmetria or dysdiadochokinesis. Motor exam is 5/5 without any drift, atrophy or fasciculations. Sensory exam is intact to light touch, pinprick and vibratory sense. Reflexes are 2+ with no pathological reflexes noted.

IMPRESSION:

1. Rule out cervical disc.
2. Post concussive head injury.
3. Vascular headaches.
4. Rule out partial complex seizures.
5. Post-traumatic stress disorder.

RECOMMENDATIONS:

1. I suggested a MRI of the C-spine.
2. He needs to have an EEG to rule out possibility of seizure disorder.
3. Midrin capsules, 1 every 2 hours prn headache.
4. Obtain results of the CT of the head.

It is felt the injuries sustained to his head and spine, as well as the post-traumatic stress disorder, are secondary to the accident.

Sincerely yours,



Charles D. Marable, M.D. Board Certified in Neurology
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